

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2	/	/	/	/	/	/	52						
3	/	/	/	/	/	/	53						
4	/	/	/	/	/	/	54						
5	✓	✓	✓	✓	✓	✓	55						
6							56						
7							57						
8							58						
9	/	/	/	/	/	/	59						
10	/	/	/	/	/	/	60						
11	✓	✓	✓	✓	✓	✓	61						
12	✓	✓	✓	✓	✓	✓	62						
13	✓	✓	✓	✓	✓	✓	63						
14	/	/	/	/	/	/	64						
15	/	/	/	/	/	/	65						
16	/	/	/	/	/	/	66						
17	/	/	/	/	/	/	67						
18	/	/	/	/	/	/	68						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		↓	4		↓							
TOTAL DEP.	17	←	14	←	14	←							
TOTAL CLAIMS	21			16									

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